

SAM HOUSTON STATE UNIVERSITY

VETERAN

A Member of The Texas State University System Box 2029, Huntsville, TX 77341-2029 (936) 294-1046 Fax: (936) 294-4921

VETERANS HAZLEWOOD INFORMATION REQUEST FORM

STUDE	NT NAME					DOB:	
	Last		First	M	iddle		
SSN:			SAM ID NO:				
SHSU E	-MAIL ADDRESS_			Phone #			
PLEASI	E CHECK ONE:	UNDERGRADI	JATE	GRADUATE			
	NUMBER OF	HOURS YOU AI	RE CERTIFYI	<i>NG FOR</i> :			
Applyi	ng for: Spring	g 2013 S	ummer I 2013	Summe	r II 2013 🗌	Fall 2013	
[] Yes		nttended another ' name and dates a			l 1995.		
	School				ates Attended		
also understand	l that submitting t	his form WITH(OUT an ACTIV	E CLASS SCH	EDULE, SAM	am requesting certification for ID, CLASS HOURS, and ALI	
I certify that all o	of the information of the information that	on this form is tru	e and complete	to the best of my	knowledge. If a	ms submitted with it. asked by an authorized official, I en asked, I may not be approved	
					DA′	ГЕ:	
	ent's Loan and or Ha					ng with documents and information qualifies for the Hazlewood Act for th	ıe
☐ Sprin	g 2013 🔲 Su	mmer I 2013	Summe	er II 2013	Fall 2013		
Vetera	ns Resource Cen	ter				Date	
Office	of Financial Aid					Date	